CONTRACTOR LICENSE APPLICATION

| COMPANY NAME | | | |
|----------------------|--------------|---------|--|
| COMPANY ADDRESS | | | |
| TOWN | | | |
| PHONE | FAX | FAX | |
| MOBILE/CELL | - | PAGER | |
| OWNER | ADDRESS | ADDRESS | |
| TOWN | STATEZIP | PHONE | |
| TYPE OF CONTRACTOR _ | | FEE | |
| SIGNATURE | | DATE | |

LICENSE:

Electrical

Failure to correctly answer, purposely omit, or falsify above information may result in revocation of license.

THE FOLLOWING MUST ALSO PROVIDE A COPY OF THEIR STATE

Plumbing

Roofing